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January 29, 2007

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CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Janis Sigman, Manager  
Certificate of Need Program  
Office of Certification and Enforcement  
State of Washington Department of Health  
310 Israel Road SE  
Building 4, Floor 3  
Tumwater, WA 98501-5447

Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a thirteen station dialysis center in Des Moines, WA. In conformance with the requirements of WAC, the following information is provided:

A Description of the Extent of Services Proposed:

DaVita Inc. intends to establish a thirteen dialysis facility that will provide and support hemodialysis, peritoneal dialysis and home hemodialysis. The facility will be located in Des Moines, WA.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be \$1,427,157.00, inclusive of the application fee.

Description of the Service Area:

The service area is King County Sub-Service Area Four (4).

Thank you for your support in this matter.

Sincerely,

Heather Ashbaugh  
Regional Operations Director  
Pacific Gold Region 6